

Case report

An unusual case of suicidal asphyxia by smothering

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Abstract

A case is presented of a 30-year-old man suffering from borderline personality disorder who committed suicide by means of smothering. He was hospitalized at the psychiatric department of a public hospital for several months and was found dead in the seclusion room. The death resulted from an obstruction of the upper aerodigestive tract after ingurgitation of pellets of toilet paper. A literature review revealed several cases of suicidal asphyxia by smothering of patients with a history of psychiatric illness. Our patient's operating process had not been reported before to our knowledge.

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1. Introduction

Asphyxia by smothering refers to a situation where there is some form of mechanical interference with the access of oxygen to the tissues. It means an obstruction of the external air passages. According to the traditional US terminology, smothering is one of the six general forms of suffocation.¹ It is an uncommon suicidal operating process. These cases are usually treated as deaths under suspicious circumstances. The suicidal nature of the event is established by the study of the circumstances of the death, the death-scene observations of the body, the external examination and the autopsy, after the elimination of the possibility of homicide or accident. A literature review revealed several cases of subjects suffering from psychiatric illness who committed suicide by means of smothering. We present the case of a psychiatric in-patient who committed suicide by an unusual and unreported manner.

2. Case report

A 30-year-old man was hospitalized without his assent at a psychiatric department of a French public hospital

for seven months. He had been previously diagnosed as having a borderline personality disorder using the criteria in the DSM IV.² His therapy included psychotropic drugs as antidepressant, tranquilizer and conventional antipsychotic drugs. He was known to have attempted suicide by submersion. During his hospitalization he had been placed in the seclusion room. The room contained a mattress, a pail and a roll of toilet paper. The patient was found dead by the medical staff, lying on his back in the seclusion room. Pellets of toilet paper protruded from his buccal cavity. A legal autopsy was ordered by the public prosecutor's department.

The external examination was conducted at the Institute of Forensic Science of Tours (France) and showed no old or fresh injuries on the body. There was no phlebotomy stigma. The right side of the face and particularly the right ear showed marked cyanosis. No neck injuries or subconjunctival petechial hemorrhages were found. Red fixed postmortem lividity was noted on the right side of the face and on the back of the body, congruous with the sitting position. Internal examination did not reveal any injury.

The autopsy showed the presence of five pellets of white paper measuring 5 cm each, impacting within the laryngopharynx (Figs. 1 and 2), the cervical esophagus and the superior part of the trachea. Approximately 250 cm³ of white pellets of toilet paper were found in the stomach

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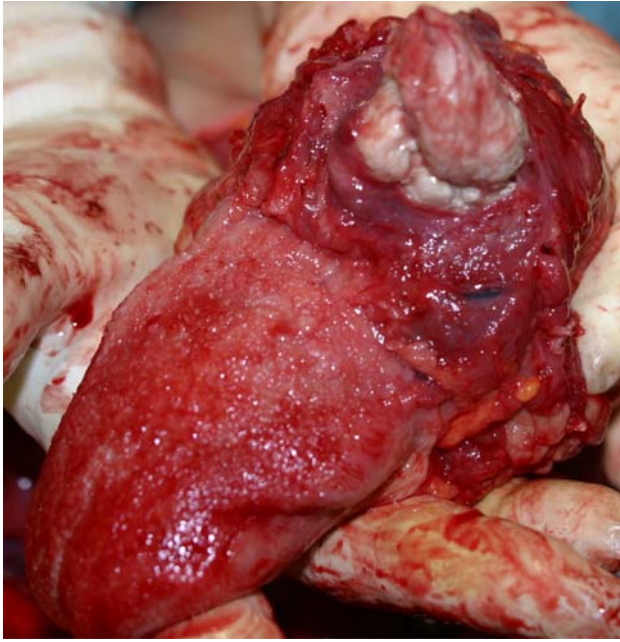


Fig. 1. Obstruction of laryngopharynx by pellets of paper.



Fig. 2. Pellets of paper found in the upper aerodigestive tract.

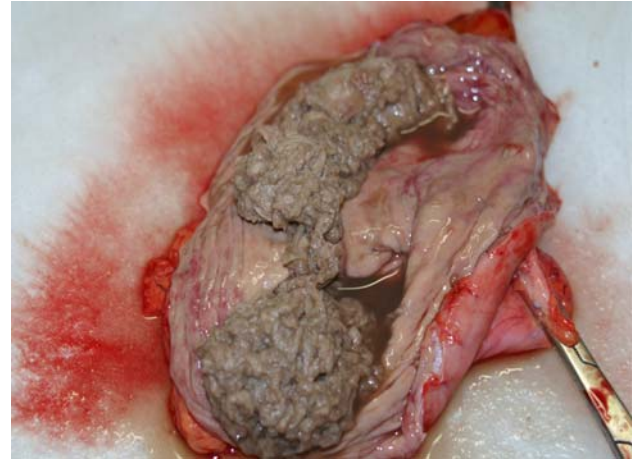


Fig. 3. Paper in the stomach.

3. Discussion

Suicide by smothering is associated with a history of psychiatric illness in the literature. Hicks³ presented the case of a 32-year-old man known to have chronic paranoid schizophrenia who died by means of smothering in a pillow. A diagnosis of death by suicide was made because of the death-scene investigation, and because he had tried to smother himself with a pillow while visiting his parents' home several days before his death. In Saudi Arabia, Elfawal⁴ reported a case of a psychiatric in-patient suffering from severe depression who committed suicide on the first day of admission to hospital by entrapping his neck in the electrically operated hydraulic device used for raising and lowering his hospital bed. He had then pressed the button used for lowering the bed. It was concluded that death had resulted from asphyxia due to mechanical compression of the neck. Evidence from careful investigation of the circumstances and scene of the incident, his history of psychiatric illness and the medicolegal data of the autopsy have led to the conclusion of suicide. Italian authors reported the case of a 66-year-old man who was found with two strips of tape wound around his head.⁵ The man was suffering from a depressive syndrome and had several times declared a wish to commit suicide. A case of asphyxia of a young man suffering from identity disorder was reported by a Japanese team.⁶ The 21-year-old man jumped into the drum of a garbage tuck and the iron roller in the drum asphyxiated him by compression. Deaths due to plastic bag suffocation have been frequently reported.⁷

Fatal occlusion of the upper airway caused by food substance or vomit stuck has been described in the literature as cafe coronary deaths.^{8,9} Such fatalities can occur in psychiatric in-patient.^{10,11} In our case, the presence of pellets of paper in the stomach allows us to suppose that the patient had considered the toilet paper as pieces of food and the supposition of cafe coronary death cannot be excluded with certainty.

This report highlights the potential danger of surveillance of psychiatric in-patient residing in seclusion room.

(Fig. 3). Haemorrhages were observed on the gastric mucosa. The lungs were congested. The rest of the autopsy showed no abnormalities. No fracture of the hyoid bone nor the thyroid cartilage was noted. It was concluded that death had resulted from smothering due to obstruction of the upper aerodigestive tract by pellets of toilet paper.

Homicide has been excluded in our case not only because of the absence of injuries to neck structures, the absence of lesion of fight or self defense on the body, but also because of the legal inquiry, revealing the absence of felonious entry in the seclusion room. A homicide deliberately disguised as a suicide by postmortem introduction of the paper pellets has been excluded too, because of the presence of toilet paper in the stomach, which showed the deglutition of the subject and gave evidence to the vital character of the ingestion.

Referrals have been edited in 1998 by the French National Agency for Accreditation and Evaluation in Health.¹² The medical staff must withdraw possibly dangerous objects that can be used to commit suicide or self mutilation in seclusion room and install a specific program of surveillance. Generally, this referral is respected and checked by the staff. A roll of paper is always given to patients and was until now not regarded as a possibly dangerous and harmful object. Our case tends to increase prudence and surveillance of isolated patients with risk of self aggressive behaviour.

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